## 2006 NOT-FOR-PROFIT CORPORATION

## Feb 27, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N03000009259** 02-27-2006 90106 028 \*\*\*\*61.25 1. Entity Name LAKELAND LIBERTY, INC. Principal Place of Business Mailing Address 6205 NW TAMPA HWY 6205 NW TAMPA HWY LAKELAND, FL 33815 LAKELAND, FL 23815 2. Principal Place of Business Mailing Address 5415 Sunset Suite, Apt. #, etc. 01092006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 20-0270997 Applied For Florida Not Applicable Polic \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent COWARD, GEORGE T. . . 1915 SOUTH FLORIDA AVENUE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33803 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. S. C. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D Addition TITLE TITLE ☐ Change Delete D VICTOR SMITH 2338 GB Galloway Rol NAME PEACHES, DUANE NAME 6205 NW TAMPA HWY STREET ADDRESS STREET ADDRESS Lakeland FL CITY-ST-ZIP FORT LAUDERDALE, FL 33315 CITY-ST-7P Addition TITLE Delete TITLE ☐ Channe ri Combee PEACHEE, DUANE NAME NAME Sunset Way N STREET ADDRESS P.O. BOX 91926 STREET ADDRESS akieland, FL 33805 LAKELAND, FL 338041926 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Addition TITLE ☐ Channe Durant NAME GARDNER, CHARLOTTE NAME Spunish oak LN 1301 STREET ADDRESS 6919 FOX CHASE DRIVE STREET ADDRESS PlantC CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP 33563 TITLE ☐ Delete TITLE Change ☐ Addition COMBEE, BRIAN K NAME NAME STREET ADDRESS STREET ADDRESS 5415 SUNSET WAY NORTH CITY-ST-ZIP LAKELAND, FL 33805 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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SIGNATURE:

MLE

NAME

TITLE

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